

# The State Bar of California Department of Legal Specialization 180 Howard Street - San Francisco, CA 94105-1639 (415) 538-2120 · legalspec@calbar.ca.gov

\$:	_ REC'D BY:
APPL#	
Provider #	

## LEGAL SPECIALIST EDUCATION ACTIVITY APPLICATION

Include one copy of the application and all the attachments.

Include the \$75 non-refundable filing fee.

FOR OFFICIAL USE ONLY

1) CONTACT INFORMATION —			FUI	K OFFICIA	AL USE ONLY
Contact Name:					
Provider Name:					
Provider Address:					
City:			Provide	r #:	
Web-site:			Phone:	( )	<u>-</u>
E-mail:			Fax:	( )	<u>-</u>
2) SPECIALTY AREA ————					
<ul><li>☐ Admiralty &amp; Maritime Law</li><li>☐ Estate Planning, Trust and Pro</li><li>☐ Immigration &amp; Nationality Law</li></ul>	bate Law	☐ Bankruptcy ☐ Family Law ☐ Taxation Lav			Law se & Distribution Law 'Compensation Law
3) ACTIVITY					
Activity Title:					
Date and Time of Activity:					
Number of Hours of Credit Reques	sted: (Use the Acti	vity Content Attach	nment to s	pecify cat	egory(ies) of credit.)
Is this an application for renewal?	Yes No	If 'Yes', r	orogram n	umber:	
Are you requesting approval for a	udio/video tapes of this activ	ity? Yes	] No	)	
If you answered 'Yes' and the entitaped and how long each segmen			eet detailir	ng which p	ortions are being
Does this activity have substantive	written materials? Yes	s No	If yes, h	now many	pages?
If this activity is over one hour in	length it <b>MUST</b> be accompan	ied by substantive	written m	aterials to	qualify for credit.
Promotional Materials					
Attach promotional material or	an outline/description of the a	activity, including fa	aculty and	credentia	ls

ATTESTATION —	
Read, sign, and date below. Your signature	MUST be original.
I agree to comply with Section 7.0, Approval of Program for Certifying Legal Specialists.	of Education Programs, of the Rules Governing the State Bar of California
	or legal specialization educational credit shall meet the criteria for of the Rules Governing the State Bar of California Program for Certifying
	(6) years from the date of each educational offering. Information regarding egal Specialization (BLS) upon request by the BLS or the attendee.
I declare under penalty of perjury under the la are true and correct.	ws of the State of California that the foregoing answers and statements
Name:	Signature
Title:	Date:
5) SUBMISSION CHECKLIST	
☐ Include the appropriate Activity Conten	nt attachment for your activity and any required enclosures.
☐ Enclose \$75 application fee. Make che	cks payable to 'The State Bar of California.'
☐ Attach one copy of the application and	all its attachments to this original.
MAIL TO:	The State Bar of California Legal Specialization-Provider Approval 180 Howard Street San Francisco, CA 94105-1639



The State Bar of California
Department of Legal Specialization
180 Howard Street · San Francisco, CA 94105-1639
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# LEGAL SPECIALIST EDUCATION ACTIVITY Admiralty and Maritime Law Activity Content Attachment

1) ACTIVITY INFORMATION ————————————————————————————————————		
Provider Name:		Date:
Title of Activity:		Time:
2) ACTIVITY CONTENT		
• • • • • • • • • • • • • • • • • • • •	ILL NOT be processed. Admiralty and N	Maritime Law educational content must fall into the following
categories:	Total Minutes of Course	divided by 60 and rounded to nearest quarter hour = (Example: 0.25, 0.5, 0.75, 1 hour)
(A) Jurisdiction and Venue	(E) Marine Insurance	(I) General Average
(B) Admiralty Practice and Procedure	(F) Limitation of Liability Act	(J) Carriage of Goods
(C) General Maritime Law	(G) Salvage	(K) Admiralty and Maritime Statutory Provisions
(D) Maritime Personal Injury and Wrongful Death	(H) Collision and Allision	(L) Administration and Regulation

#### SAMPLE

Date	Time	Α	В	С
12/01/07	9:00-4:00	1.0	2.5	2.0
Total Hours R	equested			

### CERTIFICATE OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION IN ADMIRALTY AND MARITIME LAW

Provider			
Subject Matter/Title			
Date & Time of Activity			
Location			
Length of Activity			
California Legal Specialization cre	edit was offered in the	e following areas:	
AREA		HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Jurisdiction and Venue			
Admiralty Practice and Proc	edure		
General Maritime Law			
Maritime Personal Injury and	l Wrongful Death		
Marine Insurance			
Limitation of Liability Act			
Salvage			
Collision and Allision			
General Average			
Carriage of Goods			
Admiralty and Maritime State	utory Provisions		
Administration and Regulation	on		
TOTAL HOURS OFFERED	TOTAL HOURS OFFERED/CLAIMED		
To be completed by the attorned By signing below, I certify that I particularly California Legal Specialization cre	articipated in the activ	rity described above and	am entitled to claim
Name:			
Signature:		Date:	

Reminder: If the provider has not been granted credit for a particular area, you cannot claim credit for that area. Keep this record of attendance for at least one year from the date the California Board of Legal Specialization acts on your application for certification or recertification. In the event that you are audited by the Board, you may be asked to submit this record of attendance.

#### RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION IN ADMIRALTY AND MARITIME LAW

Provider	
Subject Matter/Title	
Date & Time of Activity	
Location	
Length of Activity	

#### **ELIGIBLE LEGAL SPECIALIZATION CREDIT:**

AREA	HOURS
Jurisdiction and Venue	
Admiralty Practice and Procedure	
General Maritime Law	
Maritime Personal Injury and Wrongful Death	
Marine Insurance	
Limitation of Liability Act	
Salvage	
Collision and Allision	
General Average	
Carriage of Goods	
Admiralty and Maritime Statutory Provisions	
Administration and Regulation	
TOTAL HOURS OFFERED	

Name of Attendee	California State Bar No.	Attendee Signature



#### The State Bar of California Board of Legal Specialization Credit Card Authorization Form

#### **Applicant Information**

Bar Number:			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Credit Card Information			
☐ Visa ☐ MasterCard			
Only Visa and MasterCard credit car	rds are accepted.		
Credit Card Number:			
Expiration Date (Month/Year):			
Name on Card:			
Billing Address:			
City:	State:	Zip:	
Signature:		Date:	
By my signature on this document, I, my/our Visa or MasterCard account			
Description			Amount Paid
Single Activity App - \$75			\$